

STD 262 (REV 10.92)

Statement on Reverse Side

CLAIMANT'S NAME

SSAN OR EMPLOYEE NUMBER	
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DEPARTMENT

Governor's Office

POSITION

CB/ID NUMBER

DIVISION OR BUREAU

INDEX NUMBER

Press Secretary

Press Office

RESIDENCE ADDRESS

HEADQUARTERS ADDRESS

TELEPHONE NUMBER

СПУ

STATE

ZIP

CITY

STATE

ZIP

Sacramento

California

95814

PURPOSE OF TRIP REMARKS AND DETAILS (Attach receipts when required)

Interviews w/Bay Area Media

NORMAL WORK HOURS

PRIVATE VEHICLE LICENSE NUMBER

MILEAGE RATE CLAIMED

0,445

AGENCY ACCOUNTING OFFICE

USE ONLY

PAID BY REVOLVING FUND CHECK NUMBER

I HEREBY CERTIFY, That the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California. If a privately owned vehicle was used and if mileage exceeds the minimum rate, I certify the cost of the operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirements, as prescribed by SAM Sections 0750, 0751, 0752, 0753 and 0754.

pertaining to vehicle safety and seat be

CLAIMANT

DATE _____

SIGNATURE OF OFFICER APPROVING TRA

DATE _____

SIGNATURE OF TITLE OF AUTHORITY FOR SPECIAL EXPENSES

DATE _____